

APPENDIX D

Vehicle Master I.D. Card ENROLLMENT FORM

Use this form to assign a Master Vehicle I.D. card to a Fuelnet™ Account.

*Billing Agency: _____

Billing Agency Address: _____

City: _____ State: _____ Zip: _____

**Account Name: _____

Account Budget Code: _____

Number of Master Vehicle I.D. cards requested: _____

Fuel Type: _____ Gallons Requested: _____

Any information you want to appear on the label of the card (not to exceed 8 characters)

Person completing this form:

Printed name: _____ Title: _____

Signature: _____ Phone: _____ Date: _____

E-Mail Address: _____ Fax: _____

* Agency to which Invoices are submitted

** A program within the billing agency to which costs will be assigned

Mail or fax completed forms to:

Commercial Fuel Systems, Inc
P.O. Box 71
Mt. Airy, MD 21771
Phone: (301) 829-0875
Fax: (301) 829-1916